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l hereby appoint:						
Practitioner	s associated with the Customer Number:		22504			
OR Practitioner(s) named below (if more than ten patent practitioners are to be named, then a customer number must be used):						
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as altomey(s) or agent(s) to represent the undersigned before the United States Patent and Trademark Office (USPTO) in connection with any and all patent applications assigned <i>gmb</i> to the undersigned according to the USPTO assignment records or assignment documents attached to this form in accordance with 37 CFR 373(b).						
Please change the correspondence address for the application identified in the attached statement under 37 CFR 3,73(b) to:						
The address associated with Customer Number:						
Firm or Individual N	lame Implicit N	Implicit Networks, Inc Intellectual Property Department				
Address	218 Main Street, Suite 498	218 Main Street, Suite 498				
City	Kirkland	State	WA	Zip	98033	
Country	us					
Telephone	425-503-5044	425-503-5044		Email docketing@implicitnetworks.com		
Assignee Name and Address:						
Implicit Networks, Inc.						
218 Main Street, Sulte 498						
Kirkland, WA 98033						
A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be						

filed in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filed.

SIGNATURE of Assignee of Record
The individual whose signature and title is supplied below is authorized to act on behalf of the assignee Signature Date 7-23-2009 Name Jason Smith Telephone 425-503-5044 Title Authorized Person for Implicit Networks, Inc.

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